

In the
CIRCUIT COURT
of St. Louis County, Missouri



For File Stamp Only

PETITIONER

MO. LICENSE #

vs.

Director of Revenue, State of Missouri

RESPONDENT

Date

Case Number

Division

FILED

DEC 04 2012

JOAN M. GILNER
CIRCUIT CLERK, ST. LOUIS COUNTY

FINDINGS AND RECOMMENDATIONS OF COMMISSIONER AND JUDGMENT OF THE COURT

Case called. Petitioner (appears [in person, and] by counsel) (fails to appear) and Respondent, Director of Revenue, (appears by counsel) (fails to appear).

☐ Petitioner's petition for trial de novo is dismissed, at Petitioner's costs, as follows:

☐ Upon voluntary dismissal by Petitioner.

☐ Upon Petitioner's failure to appear and prosecute the petition for trial de novo.

☐ Upon Respondent's motion, for reason that: _____

☐ Petitioner announces (ready) (not ready). Respondent announces (ready) (not ready).

☒ Evidence adduced; case submitted. It is found: Resp Ex "A" admitted.

(1) ☒ That on 11-6-11 the arresting officer (had) (did not have) probable cause to arrest Petitioner for driving while intoxicated or an alcohol-related traffic offense; and, that Petitioner (had) (did not have) a blood alcohol concentration of .08% or more by weight.

(2) ☐ That on _____ the Petitioner was less than 21 years of age and the arresting officer (had) (did not have) probable cause to arrest Petitioner for driving while intoxicated or an alcohol-related traffic offense; and, that Petitioner (had) (did not have) a blood alcohol concentration of .08% or more by weight.

(3) ☐ That on _____ the Petitioner was less than 21 years of age and was stopped upon probable cause as set forth in Section 302.305 RSMo. and the arresting officer (had) (did not have) probable cause to arrest Petitioner for driving while intoxicated or an alcohol-related traffic offense; and, that Petitioner (had) (did not have) a blood alcohol concentration of at least .02% but less than .08% by weight.

(Other) _____

☒ The relief prayed for in Petitioner's petition for trial de novo is denied and the order of the Director of Revenue suspending/revoking Petitioner's driving privileges is sustained. Costs assessed against Petitioner.

☐ The administrative suspension/revocation arising out of the occurrence on _____ shall be removed from Petitioner's driving record and the Petitioner's driving privileges be reinstated, if otherwise eligible. Costs assessed against Petitioner.

☐ We, the undersigned parties, do hereby acknowledge receipt of the findings and recommendations of the commissioner and waive the right to file a motion for rehearing in this case.

Respectfully Submitted

Masqued McCartney 10/23/12
Commissioner Date

The above findings and recommendations of the Commissioner are adopted & confirmed as the judgment of the Court.

SO ORDERED

Bubba McDaniel 12/4/12
Judge Date

Petitioner's Attorney

Bar No.

Address

Phone No.

FAX No.

Respondent's Attorney

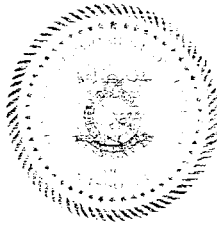
Bar No.

Address

Phone No.

FAX No.

JEREMIAH W. (JAY) NIXON
GOVERNOR



EXHIBIT

A

ALAN ALBARRAGAN-SOLO
DIRECTOR OF REVENUE

MISSOURI DEPARTMENT OF REVENUE

CERTIFICATION PURSUANT TO § 302.312, RSMo

My name is Melanie Vogt. I am of sound mind and personally acquainted with the facts herein stated:

Pursuant to section 302.312 of the Revised Statutes of Missouri, I, the undersigned, do hereby certify that I am a duly appointed custodian of records for the Missouri Department of Revenue, and that the records attached hereto are true and accurate copies of papers, documents, and records lawfully deposited or filed in the offices of the Missouri Department of Revenue.

A handwritten signature in cursive script, appearing to read "Melanie Vogt", is written over a horizontal line.

Custodian of Records
Missouri Department of Revenue

So certified this 24th day of February, 2012.



MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
PO BOX 3700
JEFFERSON CITY MO 65105-3700

NOTICE OF SUSPENSION/REVOCAION OF YOUR DRIVING PRIVILEGE

FORM 2385 (REV. 02-2011)	TELEPHONE NUMBER (573) 751-4833	FAX NUMBER (573) 526-3452
SUSPENSION/REVOCAION STARTS 15 DAYS FROM DATE NOTICE IS ISSUED		

USE ONLY WHEN BAG TEST RESULTS ARE OBTAINED

DRIVER'S NAME LAST Reddinghofer	FIRST James	MIDDLE Ryan	DRIVER LICENSE NUMBER P149196008	DATE NOTICE IS ISSUED 11/6/11
STREET, RFD, OR BOX 1849 Winter Run Ct			DRIVER LICENSE EXPIRATION DATE 07/14/2016	
CITY Chesterfield	STATE MO	ZIP CODE 63017	DRIVER LICENSE CLASS F	ENDORSEMENTS —
			RESTRICTIONS —	

FOR DRIVERS UNDER AGE 21, INDICATE THE REASON(S) FOR THE STOP:

You have been stopped/arrested upon probable cause that you were driving a vehicle while your blood alcohol level was over the legal limit. Your right to drive will be suspended/revoked 15 days from the date of this notice if you do not request a hearing. If you did not give your driver license to the police officer, you must send it to the Driver License Bureau at the address shown above. (Sections 302.505 to 302.525, RSMo) This notice is separate from any traffic tickets you may have received because of this offense. You will be sent an additional notice if you are convicted in court.

SUSPENSION INFORMATION

If you have not had any alcohol offenses within the past five years, your license will be suspended for 30 days. After your suspension, you may receive a 60-day restricted driving permit for work, school, to attend a Substance Abuse Traffic Offender program (SATOP), and to seek the services of a certified ignition interlock provider. The permit may be issued to you if you file proof of insurance (SR-22). An SR-22 is not required for minors suspended for testing .020% or more. If you had any alcohol offenses prior to this stop/arrest, you will also be required to file proof of installation of an ignition interlock device (IID).

REVOCAION INFORMATION

Your license will be revoked for one year if your driving record shows one or more alcohol-related enforcement contact(s), as defined in Section 302.525, RSMo, within the past five years. After you are reinstated, you must retest for a Missouri Driver License.

HEARING INFORMATION

You may request a hearing if you wish to show that you were not stopped/arrested for driving with a blood alcohol level over the legal limit.

NOTICE: COMMERCIAL DRIVER LICENSE (CDL) HOLDERS

You may additionally be subject to disqualification of your commercial driving privileges due to this action, whether or not you were operating a commercial motor vehicle at the time of this offense (Sections 302.700 and 302.755, RSMo). If you are subject to disqualification, you will be sent a separate notice informing you of the disqualification and your appeal rights (Section 302.311, RSMo).

WHAT HAPPENS IN COURT WITH YOUR TRAFFIC TICKET HAS NOTHING TO DO WITH THIS HEARING (for more hearing information, see the back of this form).

TEMPORARY 15 DAY DRIVING PERMIT

This is your permit to drive during the next 15 days only if your Missouri driver license is not expired and is not currently suspended/revoked/denied as a result of a prior incident. You must carry this notice with you while driving.

Valid License Surrendered ☐ YES (Attached) ☐ NO

LAW ENFORCEMENT NOTE - Check driver record for the most current information.

This permit is not valid if the driver license is expired, suspended, revoked, denied, or if the person is not licensed to drive in Missouri.

BY ORDER OF THE DIRECTOR OF REVENUE OR HIS/HER DELEGATE

PRINTED NAME OF ARRESTING OFFICER PO J McNUH 1241	NAME OF POLICE AGENCY Town & Country PD
I ACKNOWLEDGE RECEIPT OF THIS NOTICE FROM THE ARRESTING OFFICER	SIGNATURE OF PERSON ARRESTED/STOPPED

REQUEST FOR ADMINISTRATIVE HEARING (NOT TO BE COMPLETED BY ARRESTING OFFICER)

I request a hearing to review the suspension/revocation of my driving privilege (see back of notice for instructions).

IF YOU WANT AN IN-PERSON HEARING YOU MUST CHECK THE BOX BELOW. IF YOU DO NOT CHECK THE BOX FOR AN IN-PERSON HEARING A TELEPHONE HEARING WILL BE SCHEDULED. NO FURTHER REQUEST FOR AN IN-PERSON HEARING WILL BE GRANTED.

CHECK ONLY ONE BOX

☐ I REQUEST A TELEPHONE HEARING ☐ I REQUEST AN IN-PERSON HEARING IN THE COUNTY OF ARREST

NAME OF PERSON ARRESTED (PRINT YOUR NAME)	DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUE
STREET, RFD, OR BOX (YOUR ADDRESS)		CITY, STATE, ZIP CODE	
HOME TELEPHONE	OFFICE TELEPHONE	CITY AND COUNTY WHERE ARRESTED	DATE OF ARREST
DRIVER'S SIGNATURE		ARRESTED BY	
ATTORNEY'S NAME	ATTORNEY'S BAR NUMBER	ATTORNEY'S ADDRESS	

RIGHTS AND RESPONSIBILITIES

HOW DO I REQUEST A HEARING?

- Within 15 days from the date this notice was issued, a written request must be received by, or postmarked to:

Missouri Department of Revenue
Driver License Bureau
PO BOX 475
Jefferson City MO 65105-0475

or

Faxed to: 573-751-7151

- If you do not correctly request a hearing within 15 days from the date of this notice, your hearing will be denied and no further appeal is possible.
- If a hearing is granted, a permit to drive will be mailed to you if you have surrendered your driver license and are eligible to drive in Missouri. The permit will allow you to drive until 15 days after the decision from the hearing is mailed to you.
- Your hearing date and time will be mailed to you. If you have hired an attorney, please ensure you have provided the person's full name and current mailing address on your request for hearing.

WHAT WILL HAPPEN AT THE HEARING?

- Your hearing will be conducted by telephone unless you checked the "IN-PERSON" box on the front of this notice.
- The issue at the hearing is to decide if there is reason to believe you were driving with a blood alcohol level over the legal limit. (Section 302.505, RSMo)
- After the hearing, the Director of Revenue will mail you the final decision.
- If the hearing decision requires your privilege to drive to be suspended/revoked, you may appeal the decision to the Circuit Court in the county of arrest. You must file your appeal with the Circuit Court within 15 days after the hearing decision is mailed.

HOW DO I GET REINSTATED?

- Send the following items to the Driver License Bureau, 301 West High Street, Room 470, PO Box 200, Jefferson City MO 65105-0200, before your suspension/revocation period ends.
 - ✓ Substance Abuse Traffic Offender Program (SATOP) completion form or a comparable program form. The Division of Alcohol and Drug Abuse will notify us after you complete the program. If you have questions regarding SATOP completion forms or comparable programs, please contact the Division of Alcohol and Drug Abuse at (573) 522-4020 or www.dmh.mo.gov/ada/adaindex.htm.
 - ✓ A reinstatement fee in the amount of \$45.00. Payments may be accepted by telephone using the following debit/credit cards: Visa, Mastercard, Discover, and American Express. You may also pay in the form of a cashier's check, money order, or personal check made payable to the Missouri Department of Revenue. Please include your full name, address, date of birth, and driver license number on the payment. The Department of Revenue may electronically resubmit checks returned for insufficient funds.
 - ✓ Proof of financial responsibility, commonly filed as an SR-22. Contact your local insurance company or agent for information regarding this form. You must file and maintain proof of financial responsibility for two years from the date your license suspension or revocation began. If you do not, your driving privilege will be suspended again for the remainder of the two-year period. The SR-22 is not required for minors suspended/revoked for the first time testing .020% or more.
 - ✓ Proof of installation of an ignition interlock device (IID), if you have had more than one alcohol offense. The installer of the device will notify us after the installation has been completed. This device must be certified by the Missouri Department of Transportation and installed on any vehicle you operate. You must maintain the device for a period of six months from your reinstatement date. To locate a list of approved ignition interlock devices or installers, visit www.modot.mo.gov/safety/ImpairedDriving.htm or contact the Missouri Department of Transportation at 800-800-2358.

VISIT OUR WEBSITE AT www.dor.mo.gov



MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
PO BOX 3700
JEFFERSON CITY, MO 65105-3700
ALCOHOL INFLUENCE REPORT

FORM 2389 (REV 06-2009)	ORI NUMBER MO0957200	REPORT NUMBER 11-02496
UC NUMBER (IF APPLICABLE) 110014351		

DATE OF ARREST/CUSTODY 11/06/2011	TIME OF INITIAL CONTACT 01:28 (MIL)	TIME OF ARREST/CUSTODY 01:44 (MIL)	COUNTY OF ARREST/CUSTODY ST. LOUIS
LOCATION OF ARREST/CUSTODY WB64 AT MARYVILLE CENTER DRIVE		<input checked="" type="checkbox"/> COUNTY OR CITY ORDINANCE <input type="checkbox"/> RSMo 577.010 OR 577.012 <input type="checkbox"/> OTHER	
REASON FOR INITIAL CONTACT <input checked="" type="checkbox"/> TRAFFIC VIOLATION <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SOBRIETY CHECKPOINT <input type="checkbox"/> OTHER - EXPLAIN			SUBJECT WAS OBSERVED DRIVING/OPERATING BY MCNUTT 124
FULL NAME JAMES RYAN REDLINGSHAFFER JR			DATE OF BIRTH (MM DD YY) 07/14/1989
ADDRESS 1849 WINTER RUN CT		CITY, STATE, ZIP CODE CHESTERFIELD, MO 63017	
RACE WHITE	SEX MALE	HEIGHT 509	WEIGHT 155
EYES BLUE	HAIR BLACK	<input type="checkbox"/> COMMERCIAL MOTOR VEHICLE <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> IGNITION INTERLOCK DEVICE <input type="checkbox"/> INSTALLED ON VEHICLE	
DRIVER LICENSE NUMBER P149196008	STATE MO	VEHICLE LICENSE NUMBER CF2U1X	STATE MO
LICENSE CONFISCATED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	YEAR 2011	MAKE LEXUS	MODEL GX460
COLOR BLACK	VIN JTJBM7FXXB5025436		

OFFICER'S OBSERVATION MADE PRIOR TO ARREST/CUSTODY (Check appropriate box(es) and add any pertinent remarks.)

BREATH	ODOR OF ALCOHOLIC BEVERAGE: <input type="checkbox"/> FAINT <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> STRONG <input type="checkbox"/> NONE
	ODOR OF MARIJUANA/CHEMICAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
EYE(S)/PUPIL(S)	<input type="checkbox"/> NORMAL <input type="checkbox"/> WATERY <input checked="" type="checkbox"/> BLOODSHOT <input checked="" type="checkbox"/> GLASSY <input checked="" type="checkbox"/> STARING <input type="checkbox"/> DILATED <input type="checkbox"/> CONSTRICTED <input type="checkbox"/> SLOW REACTION TO LIGHT <input type="checkbox"/> ARTIFICIAL EYE
BALANCE/WALKING	<input checked="" type="checkbox"/> UNCERTAIN <input type="checkbox"/> SWAYING <input type="checkbox"/> STAGGERING <input type="checkbox"/> STUMBLING <input type="checkbox"/> FALLING <input type="checkbox"/> OTHER:
SPEECH	<input type="checkbox"/> SLURRED <input type="checkbox"/> CONFUSED <input type="checkbox"/> INCOHERENT <input type="checkbox"/> STUTTERING <input type="checkbox"/> MUMBLING <input checked="" type="checkbox"/> OTHER: N/A
CLOTHING/FOOTWEAR	DESCRIBE: DRESS SHOES, JEANS, SHIRT AND JACKET SOILED BY:
UNUSUAL ACTIONS	<input type="checkbox"/> PROFANITY <input type="checkbox"/> HICCUPS <input type="checkbox"/> BELCHING <input type="checkbox"/> VOMITING <input type="checkbox"/> FIGHTING <input checked="" type="checkbox"/> OTHER: N/A
ATTITUDE	DESCRIBE: INDIFFERENT

SOBRIETY TESTS GIVEN PRIOR TO ARREST/CUSTODY (Check appropriate box(es) and add any pertinent remarks.)

<input checked="" type="checkbox"/> HORIZONTAL GAZE NYSTAGMUS 1. <input checked="" type="checkbox"/> Eyes Tracked Equally 2. <input checked="" type="checkbox"/> Pupils of Equal Size 3. <input type="checkbox"/> Resting Nystagmus 4. LEFT RIGHT X No smooth Pursuit X X Distinct Nystagmus at maximum deviation X X Onset before 45° with some white showing X (See certification on page 4.) <input type="checkbox"/> VERTICAL GAZE NYSTAGMUS PRESENT	<input checked="" type="checkbox"/> WALK-AND-TURN X Fails to maintain heel-to-toe stance <input type="checkbox"/> Starts before instructed to begin <input type="checkbox"/> Stops while walking to steady self X Does not touch heel to toe (i.e., misses by more than 1/2 inch) X Loses balance while walking (i.e., steps off line) X Uses arms for balance X Loses balance while turning/improper turn X Incorrect number of steps <input type="checkbox"/> Cannot perform or refused to do test Explain:	<input type="checkbox"/> ONE LEG STAND (Subject may stand on either foot for test. Indicate foot stood on below.) <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Sways while balancing X Uses arms for balance (i.e., raises arms more than 6 inches) <input checked="" type="checkbox"/> Hops <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot perform or refused to do test Explain:
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OTHER (ANY OTHER TESTS GIVEN NOT LISTED ABOVE) I.E. ALPHABET, COUNTING, ROMBERG, FINGER-TO-NOSE.

HORIZONTAL GAZE AND NYSTAGMUS-SUBJECT SWAYED SIDE TO SIDE. I HAD TO REMIND SUBJECT TO FOLLOW MY FINGER. WALK AND TURN- SUBJECT TOOK 10 STEPS THEN MADE HIS TURN.

IMPLIED CONSENT TIME ADVISED: 01:08 (MIL)		
FOR USE IN DWI ARREST ONLY	FOR USE IN ZERO TOLERANCE ONLY	FOR USE IN NON-DWI ARREST FOR FATALITY OR SERIOUS PHYSICAL INJURY ONLY
<input checked="" type="checkbox"/> 1. You are under arrest and I have reasonable grounds to believe you were driving a motor vehicle while you were in an intoxicated or drugged condition; OR ...	<input type="checkbox"/> 1. You have been stopped and are under the age of 21; I have reasonable grounds to believe that you were driving a motor vehicle with a blood alcohol content of .020% or more; OR ...	<input type="checkbox"/> 1. You were involved in a motor vehicle collision which resulted in a <input type="checkbox"/> fatality/serious physical injury, or <input type="checkbox"/> arrest and ticket for a traffic violation involving serious physical injury or fatality.
<input checked="" type="checkbox"/> 2. To determine the alcohol/drug content of your blood, I am requesting you submit to a chemical test of your <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Other _____ (Check no more than two)		
<input checked="" type="checkbox"/> 3. If you refuse to take the test(s), your driver license will immediately be revoked for one year.		
<input checked="" type="checkbox"/> 4. Evidence of your refusal to take the test(s) may be used against you in prosecution in a court of law.		
<input checked="" type="checkbox"/> 5. Having been informed of the reasons for requesting the test(s), will you take the test(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Time: 01:16 (MIL)		
IF SUBJECT REFUSED TEST(S), WAS ATTORNEY REQUESTED PRIOR TO REFUSAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	TIME SUBJECT ASKED FOR ATTORNEY 01:56	NAME OF PERSON PHONED FOR ADVICE JOHN SWOBODA

15 MINUTE OBSERVATION PERIOD STARTED AT:

01:16 (MIL)

CHECK TYPE OF INSTRUMENT USED AND BOXES FOR EACH STEP (ATTACH MOST RECENT MAINTENANCE REPORT COMPLETED PRIOR TO THIS BREATH TEST) - IF BLOOD TEST, SEE PAGE 4.

<input type="checkbox"/> INTOXLYZER 5000	<input checked="" type="checkbox"/> DATAMASTER
<input type="checkbox"/> 1. Subject observed for at least 15 minutes by _____ No smoking or oral intake of any material during this time; if vomiting occurs, start over with the 15 minute observation period.	<input checked="" type="checkbox"/> 1. Subject observed for at least 15 minutes by MCNUTT 124 No smoking or oral intake of any material during this time; if vomiting occurs, start over with the 15 minute observation period.
<input type="checkbox"/> 2. Assure that power switch is ON and then press the START TEST button.	<input checked="" type="checkbox"/> 2. Assure that power switch is ON.
<input type="checkbox"/> 3. Enter test record card.	<input checked="" type="checkbox"/> 3. Press RUN button.
<input type="checkbox"/> 4. Enter subject and officer information.	<input checked="" type="checkbox"/> 4. When display requests INSERT TICKET, insert evidence ticket.
<input type="checkbox"/> 5. When display reads PLEASE BLOW, insert mouthpiece and take the subject's breath sample.	<input checked="" type="checkbox"/> 5. Enter subject and officer information.
<input type="checkbox"/> 6. When test record is printed, remove test record and attach printout to this report.	<input checked="" type="checkbox"/> 6. When display reads PLEASE BLOW and gives audible beep, take subject's breath sample.
	<input checked="" type="checkbox"/> 7. When printer has completed printing out test result, remove ticket from printer. Attach printout to this report.

☐ OTHER (ATTACH CHECKLIST OR LAB REPORT)

CERTIFICATION OF EXAMINATION BY OPERATOR

AS SET FORTH IN THE RULES PROMULGATED BY THE DEPARTMENT OF HEALTH RELATED TO THE DETERMINATION OF BLOOD ALCOHOL BY BREATH ANALYSIS, I CERTIFY BY COMPLETING THE BELOW THAT:

- | | |
|--|---|
| 1. There was no deviation from the procedure approved by the department. | 3. I am authorized to operate the instrument. |
| 2. To the best of my knowledge the instrument was functioning properly. | 4. No radio transmission occurred inside the room where and when this test was being conducted. |

NAME OF OPERATOR	TROOP OR AGENCY	DEPARTMENT OF HEALTH PERMIT NUMBER	EXPIRATION DATE	BLOOD ALCOHOL CONCENTRATION BY WEIGHT
MCNUTT	TOWN COUNTRY	302018	07/13/2012	.171
DATE	MODEL NUMBER	SERIAL NUMBER	INVENTORY NUMBER	
11/06/2011	BAC DATAMASTER	201241		

DOR-2389

ORI NUMBER MO0957200

REPORT NUMBER 11-02496

PAGE 3

MIRANDA RIGHTS

BECAUSE YOU ARE UNDER ARREST, I AM INFORMING YOU OF YOUR CONSTITUTIONAL RIGHTS (MIRANDA WARNING)

- ☒ 1. You have the right to remain silent.
- ☒ 2. Anything you say can and will be used against you in a court of law.
- ☒ 3. You have the right to talk to a lawyer and have him present with you while you are being questioned.
- ☒ 4. If you cannot afford to hire a lawyer, one will be appointed to represent you before any questioning, if you wish.
- ☒ 5. You can decide at any time to exercise these rights and not answer any questions or make any statements.

RIGHTS GIVEN AT	<input type="checkbox"/> SCENE <input checked="" type="checkbox"/> STATION	DO YOU UNDERSTAND THE RIGHTS I'VE EXPLAINED TO YOU?	TIME ADVISED	DATE
<input type="checkbox"/> HOSPITAL <input type="checkbox"/> EN ROUTE TO STATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		01:17 (MIL)	11/06/2011

INTERVIEWER TO COMPLETE

INTERVIEW DATE	TIME	INTERVIEWER'S NAME
11/06/2011	01:17	MCNUTT 124
WAS SUBJECT INVOLVED IN AN ACCIDENT?	DATE OF ACCIDENT	TIME OF ACCIDENT
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(MIL)

ACCIDENT INFORMATION (IF APPLICABLE) - RECORD PERSON'S RESPONSES

WERE YOU INVOLVED IN A MOTOR VEHICLE ACCIDENT TODAY?	WERE YOU OPERATING THE VEHICLE AT THE TIME OF THE ACCIDENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WHEN:	<input type="checkbox"/> YES <input type="checkbox"/> NO
WERE YOU INJURED IN THE ACCIDENT?	
<input type="checkbox"/> YES <input type="checkbox"/> NO HOW:	
HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGE(S) SINCE THE ACCIDENT?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF SO, WHAT?	WHEN? WHERE? HOW MUCH?

INTERVIEW - RECORD PERSON'S RESPONSES

WHAT TIME IS IT NOW?	WHAT IS THE DATE?	WHAT DAY OF THE WEEK IS IT?	WHAT CITY (COUNTY) ARE YOU IN NOW?
NO ANSWER	NO ANSWER	SUNDAY	ST. LOUIS
WHAT DID YOU LAST EAT?	WHEN DID YOU LAST EAT?		
QUESADILLA	4 HOURS AGO		
WHAT IS YOUR OCCUPATION?	WHEN DID YOU LAST WORK?	WHEN DID YOU LAST SLEEP?	HOW LONG?
FINANCE	TODAY	PREVIOUS EVENING	8 HOURS
WHAT WERE YOU DOING DURING THE LAST THREE HOURS?			

SOCIALIZING

ARE YOU WEARING FALSE TEETH?	WERE YOU OPERATING THE VEHICLE?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU BEEN DRINKING?	IF YES, WHAT?	TIME STARTED	TIME STOPPED	
<input type="checkbox"/> YES <input type="checkbox"/> NO	NO ANSWER	NO ANSWER	NO ANSWER	
	HOW MUCH?	WHERE?	ARE YOU UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE?	
	NO ANSWER	NO ANSWER	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU USED MARIJUANA OR ANY OTHER DRUG, LEGAL OR ILLEGAL, IN THE LAST 72 HOURS?	IF YES, WHEN?	WHERE?	HOW MUCH?	IF YES, WHAT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NO ANSWER	NO ANSWER	NO ANSWER	NO ANSWER
DO YOU HAVE ANY TEMPORARY OR LONG-TERM PHYSICAL/MENTAL CONDITIONS?	IF YES, EXPLAIN			
<input type="checkbox"/> YES <input type="checkbox"/> NO	NO ANSWER			
ARE YOU TAKING TRANQUILIZERS, PILLS, MEDICINES, INJECTIONS OR DRUGS OF ANY KIND, SUCH AS INSULIN?	IF YES, WHAT?	WHEN?	WHERE?	HOW MUCH?
<input type="checkbox"/> YES <input type="checkbox"/> NO	NO ANSWER	NO ANSWER	NO ANSWER	NO ANSWER

STATEMENT OF BLOOD DRAWER (COMPLETE OR ATTACH SEPARATE STATEMENT)

In accordance with the provisions of section 577.029, RSMo, at the place of my employment and at the request and direction of a law enforcement officer, I withdrew blood from _____ for the purpose of determining the alcohol and/or drug content of the blood, using good faith medical judgment, and in strict accord with my training and accepted medical practices that such procedure did not endanger the life or health of the person. The sample was labeled with the subject's identification and given to the requesting law enforcement officer. The blood was withdrawn into a clean and dry sterile vessel by means of a previously unused and sterile needle and was sealed with an air-tight, inert stopper.

DATE (MM DD YY)	TIME (ML)	PLACE OF EMPLOYMENT/EMPLOYER
TITLE (CHECK ONE) <input type="checkbox"/> LICENSED PHYSICIAN <input type="checkbox"/> REGISTERED NURSE <input type="checkbox"/> TRAINED MEDICAL TECHNICIAN (Phlebotomist, Paramedic, etc.): _____		WORK TELEPHONE
SIGNATURE		NAME (TYPE OR PRINT)

VERIFICATION/IDENTIFICATION OF LAW ENFORCEMENT OFFICER (PLEASE COMPLETE AND ATTACH NARRATIVE STATEMENT OF THE FACTS FOR THIS INVESTIGATION)

THE FOLLOWING DOCUMENTS RELATING TO THIS ARREST/STOP ARE HEREBY INCORPORATED INTO THIS REPORT:

- ✓ Narrative (attached).
- ✓ Accident Report, if applicable.
- ✓ Missouri Driver License, if secured.
- ✓ Copy of most recent Maintenance Report prior to test.
- ✓ Notice of Suspension/Revocation (Revenue's copy), if issued.
- ✓ All other reports incidental to this arrest/stop and BAC testing.
- ✓ Copy of Citation (UC) and/or complaint filed with the Court, if applicable.
- ✓ Report(s) of the result(s) of all chemical tests conducted showing blood alcohol content if not included on page 2 of this form (Checklist or Lab Report).

CERTIFICATION OF FIELD SOBRIETY TEST TRAINING (Check box if applicable)

- ☒ I hereby certify that I have received a minimum of 8 hours training on administering, interpreting and scoring the horizontal gaze nystagmus test.

I HEREBY SWEAR UPON MY OATH, AND DO STATE AS FOLLOWS:

At all times mentioned herein, I was employed as a member of the below-stated Police Agency, and I am licensed, or exempt from certification pursuant to Chapter 590, RSMo, by the Director of Public Safety as having completed a program of mandatory standards for the training of peace officers in this State pursuant to Chapter 590, RSMo, and I arrested the above named person for a violation of a county or city ordinance prohibiting driving while intoxicated or an alcohol-related traffic offense or Section 577.010 or 577.012, RSMo, or conducted a .020% or more blood alcohol content-related stop. I certify that the information I have provided is true and correct to the best of my knowledge under the penalties of perjury.

CHECK APPROPRIATE BOX ►	<input type="checkbox"/> HIGHWAY PATROL	<input checked="" type="checkbox"/> MUNICIPAL OFFICER	<input type="checkbox"/> OTHER
	<input type="checkbox"/> COUNTY OFFICER	<input type="checkbox"/> ELECTED OFFICIAL	
NAME OF LAW ENFORCEMENT OFFICER P.O. MCNUTT		BADGE NUMBER/RANK 124/PATROL	NAME OF POLICE AGENCY/TROOP LETTER TOWN AND COUNTRY PD
COMPLETE MAILING ADDRESS 1011 MUNICIPAL CENTER DRIVE		BUSINESS TELEPHONE NUMBER 314-432-4696	
CITY, STATE, ZIP CODE TOWN AND COUNTRY, MO 63131			
SIGNATURE — MUST SIGN P.O. [Signature] 124			

Uniform Citation

Officer Record

ORINO MO 0837200 TOWN AND COUNTRY POLICE
STATE OF MISSOURI
DIVISION OF 21st CIRCUIT COURT
ST. LOUIS COUNTY, MUNICIPAL DIVISION

110014351

STATE OF MISSOURI		DIVISION	
IN THE CIRCUIT COURT OF TOWN AND COUNTRY MUNICIPAL		Court Room	
COURT ADDRESS (Street, City, Zip)			
1011 MUNICIPAL CENTER DRIVE DR, TOWN AND COUNTRY, MO, 63131			
COURT DATE	COURT TIME	COURT PHONE NO.	
12/01/2011	7:00 PM	(314) 432-1420	
I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:			
ONABOOT (Date)	AT TIME	UPON/AT OR NEAR (LOCATION)	
11/06/2011	0100	WB IN 64 BE CST HARTVILLE CENTRE DR	
WITHIN CITY/COUNTY AND STATE AFORESAID.			
NAME (LAST, FIRST, MIDDLE)			
REDLINGSHAFFER, JAMES, RYAN Jr			
STREET ADDRESS			
1849 WINTER RUN CT			
CITY	STATE	ZIP CODE	
CHESTERFIELD	MO	63017	
DATE OF BIRTH	AGE	RACE	SEX
07/14/1989	22	W	M
HEIGHT	WEIGHT		
509	155		
DRIVERS LIC. NO.		COL. STATE	
P149196008		YES NO MO	
LEAVE THIS LINE BLANK			
EMPLOYER			
ADDRESS (Street, City, State, Zip)			
DID UNLAWFULLY <input checked="" type="checkbox"/> OPERATE/DRIVE <input type="checkbox"/> PARK <input type="checkbox"/> C.H.V. <input type="checkbox"/> WITH SAS. MAT			
YEAR	MAKE	MODEL	STYLE
2011	LEXUS	GX460	BLK
REGISTERED WEIGHT	L I C	NUMBER	STATE
		CF2U1X	MO
YEAR	YEAR		
2013	2013		
DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE. THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS:			
DRIVING A VEHICLE WHILE INTOXICATED - FAIL TO SHOW PROOF OF VEHICLE INSURANCE 380.050			
OCA# 11-002496			
<input checked="" type="checkbox"/> Subject taken into custody. (Complete "For Issuance of a Warrant" section on reverse side.)			
DRIVING	POSTED SPEED LIMIT	DETECTION METHOD	
NOV	NOV	<input type="checkbox"/> STATIONARY RADAR <input type="checkbox"/> RADAR (AIR) <input type="checkbox"/> PACE <input type="checkbox"/> OTHER	
		<input type="checkbox"/> MOVING RADAR <input type="checkbox"/> WATCH (GROUND) <input type="checkbox"/> LAFER	
TR VIOLATION OF:	CHARGE CODE:	<input type="checkbox"/> IN FATAL ACCIDENT	
345.020	91435990	<input type="checkbox"/> IN ACCIDENT	
<input type="checkbox"/> HEAT BELT VIOLATION	<input type="checkbox"/> SPECIAL ENFORCEMENT FORM	<input checked="" type="checkbox"/> DWI/BAC .171	
<input checked="" type="checkbox"/> NO PROOF OF INSURANCE			
OFFICER	BADGE	TRP/BOOK DATE	
/s/ P.O. McNutt	00124	11/06/2011	
ON INFORMATION, UNDESIGNED PROSECUTOR CHARGES THE DEFENDANT AND DEPOSING THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY:			
<input type="checkbox"/> ALSO <input checked="" type="checkbox"/> ORS. Sec 48.151			
PROSECUTOR'S SIGNATURE			DATE
I promise to dispose of the charges of which I am advised through court appearance or payment of fine and court costs.			DR. LIC. POSTED
SIGNATURE X			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN 201241	DATE OF INSPECTION 10/30/2011
LOCATION OF INSTRUMENT (STREET AND CITY) 1011 MUNICIPAL CENTER DRIVE TOWN & COUNTRY, MISSOURI 63131	TIME OF INSPECTION 20:18

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED)

☒ COMPUTER

☒ DETECTOR

☒ PROGRAM

☒ FILTERS

☒ HEATERS SAMPLE CHAMBER 49 °C

☒ QUARTZ STANDARD

☒ FLOW DETECTOR

☒ CALIBRATION

☒ PUMP HIGH SPEED

☒ PRINTER

☒ INDICATOR LIGHTS

☒ TIME AND DATE

☒ SIMULATOR TEMPERATURE (34 °C ± 0.2°C) 34.0 C

☒ CALIBRATION CHECK -

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 <input checked="" type="checkbox"/> .100 %	TEST 2 <input checked="" type="checkbox"/> .102 %	TEST 3 <input checked="" type="checkbox"/> .101 %
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☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS 14	(0-.04) 0	(.05-.09) 5	(.10-.14) 13	(.15-.19) 9	(Over .19) 5
-------------	-----------	-------------	--------------	-------------	--------------

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

INSTRUMENT IS OPERATING WITHIN DEPARTMENT OF HEALTH REGULATIONS

SOLUTION SUPPLIER: REPCO MARKETING INC. LOT: 10003 BOTTLE: 0605 EXPIRATION: 09/08/2012
ETHANOL IN VAPOR CONCENTRATION: .100 %

INSPECTING OFFICER

SIGNATURE

WM. CHRIS MOORE, 83

PRINT NAME

WM. CHRIS MOORE, 83

TYPE & PERMIT NUMBER/EXPIRATION DATE

201157 09/12/2012

TELEPHONE NUMBER

(314) 432-4697

TOWN AND COUNTRY POLICE DEPARTMENT

DATE: 11/06/2011

COMPLAINT #: 11-02496

PAGE 5 OF 5

On the above date and time, I observed the suspect vehicle travelling eastbound on Hwy 40 approaching Mason Road in lane #1. I observed the vehicle cross the solid yellow line to the vehicle's left onto the shoulder. I continued to follow the vehicle and observed the vehicle fail to signal while changing lanes from lane #2 to lane #3.

I stopped the vehicle and requested the driver's license and insurance. The driver produced is driver's license, identifying him as REDLINGSHAFFER, JAMES R. W/M 07/14/89. Redlingshafer provided me an expired insurance card and stated he was not sure where his other one was. While speaking with Redlingshafer, I detected a strong odor of an intoxicating beverage about his breath. I also noticed his eyes were bloodshot, glassy and staring. I asked Redlingshafer if he had been drinking and he stated he had not been.

Based on my observations of Redlingshafer's driving, his physical condition, and the results of the field sobriety tests, I placed him under arrest for Driving While Intoxicated. The result of the PBT field sobriety test exceeded a .080% BAC.

Upon arrival at the station, Redlingshafer asked to contact his attorney. Redlingshafer made contact with a subject he identified as John Swoboda. After Redlingshafer spoke with Swoboda he requested to take a breath test. Redlingshafer was read Implied Consent and was requested to submit to a chemical breath test, and he agreed. I administered the test which resulted in a BAC of .171 %.

Redlingshafer was properly booked and processed and issued summonses for Driving While Intoxicated, Fail to Maintain a Single Lane, Fail to Signal a Lane Change and Fail to Show Proof of Vehicle Insurance all with a return court date of 12-01-11. Redlingshafer was issued the appropriate DOR paperwork.

It should be noted the initial time of contact, the arrest time and the time Redlingshafer requested an attorney were all prior to the Daylight Savings time change. The boxes left unchecked and the boxes indicating no answer on the A.I.R form were done when Redlingshafer refused to speak when asked that specific question.

Redlingshafer had no prior alcohol related contacts.

Redlingshafer was released after posting a \$350.00 bond.

Redlingshafer's vehicle was towed by McNamara's Towing.

The video from the in-car camera was transferred to the video server

BAC DataMaster
Evidence Ticket

Face This Side Down - This Edge In First

STATE OF MISSOURI
TOWN AND COUNTRY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201241

11/06/11

05:13 PM

ARREST TIME: 05:13 PM

SUBJECT NAME:

REDLINGSCHAFER/JAMES/RYAN

DOB: 07/14/89

SEX: M

STATE/D.L.: MO/F149136008

ARRESTING OFFICER:

MCNULT

OFFICER I.D.: 124

TESTING OFFICER:

MCNULT

OFFICER I.D.: 124

PERMIT NUMBER: 302019

EXPIRATION DATE: 07/13/12

MISCELLANEOUS DATA:

11-032496

--- BREATH ANALYSIS ---

BLANK TEST

.000

INTERNAL STANDARD

VERIFIED

SUBJECT SAMPLE

.171

BLANK TEST

.000

01:35 CST 01:35 CST
01:35 CST 01:35 CST
01:36 CST 01:36 CST
01:37 CST 01:37 CST

Operator Signature

171

000002311

2206-02

REPCO MARKETING INC.

3101-188 STONYBROOK DRIVE
RALEIGH, N.C. 27604
919-876-5480

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.

LOT NUMBER: 10003

EXPIRATION DATE: September 08, 2012 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 10003 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1212 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/-3% gms/210L Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is September 09, 2010.
The expiration date for this lot number is September 08, 2012 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President
RepCo Marketing, Inc.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE III
JEFF MCNUTT



is hereby authorized to operate the following breath analyzer(s):

DATA MASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air, issued under the provisions of sections 577.020 through 577.041, RSMo 1988.

Date 7/13/2010

Number 302018

Expires 7/13/2012

Director of State Public Health Laboratory

Director, Department of Health

MO 240-6776 (8-88)

Lab. 8 (7-8-89)

Uniform Citation

Officer Record

ORI NO MO 083700 TOWN AND COUNTRY POLICE
STATE OF MISSOURI
DIVISION OF 7th CIRCUIT COURT
ST LOUIS COUNTY MUNICIPAL DIVISION

110014353

STATE OF MISSOURI		DIVISION	
IN THE CIRCUIT COURT OF TOWN AND COUNTRY MUNICIPAL		Court Room	
COURT ADDRESS (Street, City, Zip)			
1011 MUNICIPAL CENTER DRIVE DR, TOWN AND COUNTRY, MO, 63131			
COURT DATE	COURT TIME	COURT PHONE NO.	
12/01/2011	7:00 PM	(314) 432-1420	
I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:			
ONABOOT (Date)	AT TIME	UPON/AT OR NEAR (LOCATION)	
11/06/2011	0100	WS IS 64 BE CST MARYVILLE CENTRE DR	
WITHIN CITY/COUNTY AND STATE AFORESAID.			
NAME (LAST, FIRST, MIDDLE)			
REDLINGSHAFFER, JAMES, RYAN Jr			
STREET ADDRESS			
1849 WINTER RUN CT			
CITY	STATE	ZIP CODE	
CHESTERFIELD	MO	63017	
DATE OF BIRTH	AGE	SEX	HEIGHT
07/14/1989	22	W	509
WEIGHT	DRIVERS LIC. NO.	COL.	STATE
155	P149196008	YES NO	MO
LEAVE THIS LINE BLANK			
EMPLOYER			
ADDRESS (Street, City, State, Zip)			
DID UNLAWFULLY <input checked="" type="checkbox"/> OPERATE/DRIVE <input type="checkbox"/> PARK <input type="checkbox"/> C.H.V. <input type="checkbox"/> WITH EAS. NAT			
VEHICLE	YEAR	MAKE	MODEL
	2011	LEXUS	GX460
REGISTERED WEIGHT	L	SUNDER	STATE
CF2U1X			MO
YEAR	2013		
DID THEY AND THERE COMMIT THE FOLLOWING OFFENSE. THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS:			
FAILURE TO SIGNAL LANE CHANGE - LANE #3 TO LANE #4			
OCA# 11-002496			
<input checked="" type="checkbox"/> Subject taken into custody. (Complete "For Issuance of a Warrant" section on reverse side.)			
DRIVING	POSTED SPEED LIMIT	DETECTION METHOD	
		<input type="checkbox"/> STATIONARY RADAR <input type="checkbox"/> RADAR (AIR) <input type="checkbox"/> PACE <input type="checkbox"/> OTHER	
		<input type="checkbox"/> MOVING RADAR <input type="checkbox"/> RADAR (GROUND) <input type="checkbox"/> LASER	
IN VIOLATION OF:	CRIME CODE:	<input type="checkbox"/> IS FATAL ACCIDENT	
325.060	90111050	<input type="checkbox"/> IS ACCIDENT	
<input type="checkbox"/> SEAT BELT VIOLATION	<input type="checkbox"/> SPECIAL ENFORCEMENT SOME	<input checked="" type="checkbox"/> DWI/BAC .17	
<input type="checkbox"/> NO PROOF OF INSURANCE			
OFFICER	SADGE	TRP/CONF	DATE
/s/ P.O. McNutt	00124		11/06/2011
ON INFORMATION, UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND IMPOSES THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY:			
<input type="checkbox"/> ARRA <input checked="" type="checkbox"/> ORD. See 120.150			
PROSECUTOR'S SIGNATURE			DATE
I promise to dispose of the charges of which I am accused through court appearance or payment of fine and court costs.			DR. LIC. FORFEIT
SIGNATURE X			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Uniform Citation

Officer Record

ORI NO. MO 085700 TOWN AND COUNTRY POLICE
STATE OF MISSOURI
DIVISION OF 21st CIRCUIT COURT
ST. LOUIS COUNTY, MUNICIPAL DIVISION

110014352

STATE OF MISSOURI		DIVISION Court Room	
IN THE CIRCUIT COURT OF TOWN AND COUNTRY MUNICIPAL			
COURT ADDRESS (Street, City, Zip) 1011 MUNICIPAL CENTER DRIVE DR, TOWN AND COUNTRY, MO, 63131			
COURT DATE 12/01/2011	COURT TIME 7:00 PM	COURT PHONE NO. (314) 432-1420	
I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:			
ONARREST (Date) 11/06/2011	AT TIME 0100	UPON/AT OR NEAR (LOCATION) WE IS 64 SE CRD MASON RD	
WITHIN CITY/COUNTY AND STATE AFORESAID:			
NAME (LAST, FIRST, MIDDLE) REDLINGSHAFFER, JAMES, RYAN Jr			
STREET ADDRESS 1849 WINTER RUN CT			
CITY CHESTERFIELD	STATE MO	ZIP CODE 63017	
DATE OF BIRTH 07/14/1989	AGE 22	SEX W	HEIGHT 509
DRIVERS LIC. NO. P149196008	CDL: YES NO	STATE MO	WEIGHT 155
LEAVE THIS LINE BLANK			
EMPLOYER			
ADDRESS (Street, City, State, Zip)			
DID UNLAWFULLY OPERATE/DRIVE OR PARK		C.N.V. OR WITH SAS. NO?	
YEAR 2011	MAKE LEXUS	MODEL GX460	STYLE BLK
REGISTERED WEIGHT CF2U1X	POWER CF2U1X	STATE MO	YEAR 2013
DID THEY AND THERE COMMIT THE FOLLOWING OFFENSE. THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS: FAILED TO DRIVE IN A SINGLE LANE - LANE #1 TO LEFT SHOULDER			
OCA# 11-002496			
Subject taken into custody. (Complete "For Issuance of a Warrant" section on reverse side.)			
DRIVING	POSTED SPEED LIMIT	DETECTION METHOD	
340.190	91026050	STATIONARY RADAR OR RADAR (AER) OR PAGE OR OTHER MOVING RADAR OR RADAR (GROUND) OR LASER	
IN VIOLATION OF: 340.190		CRANCE CODE: 91026050	
SEAT BELT VIOLATION		SPECIAL ENFORCEMENT CODE	
NO PROOF OF INSURANCE		IN FATAL ACCIDENT IN ACCIDENT DNT/BAC .171	
OFFICER /s/ P.O. McNutt		BADGE 00124	TRP/SOME DATE 11/06/2011
ON INFORMATION, UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND INFORMS THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY: PROMOTIVE'S SIGNATURE DATE			
I promise to dispose of the charges of which I am accused through court appearance or prepayment of fine and court costs.			
SIGNATURE X			
DR. LIC. POSTED YES NO			

MISSOURI DRIVER RECORD

Number: P14-91-96008
Name: JAMES REDLINGSHAFFER, JR

Date: 2/24/12

Driver License Bureau P.O. Box 200 Jefferson City, MO 65105
Phone: (573) 751-4600

Response to account number 0083 request concerning P14-91-96008

Personal information is restricted

The following is a true and accurate copy of current Driver History Information recorded with the Missouri Department of Revenue as of February 24, 2012.

For: JAMES RYAN REDLINGSHAFFER, JR
1849 WINTER RUN CT
CHESTERFIELD, MO 63017

Sex: Male Height: 5-11
Birth: 7-14-1989 Weight: 180
Eyes: Blue

DRIVER STATUS INFORMATION

Operator status is Suspended, CDL status is None, School Bus status is None
National pointers include NDR Problem Driver Pointer System

DRIVER INFORMATION

Non-commercial Class F, Renewal Issue expires on 7-14-2016
Issued on 8-09-2010, Sequential Number 101142210001
Restrictions include: Corrective-Lenses
Endorsements include: None
License was surrendered to Missouri on 11-06-2011 due to actions

NON-DRIVER INFORMATION

Non-driver class, New Issue expires on 7-14-2018
Issued on 1-17-2012, Sequential Number 121710170058

PERMIT INFORMATION

Non-commercial Class F, Renewal Issue expires on 7-14-2005
Sequential number 041491960021
Restrictions include: Corrective-Lenses
Endorsements include: None

MISSOURI DRIVER RECORD

Number: P14-91-96008
Name: JAMES REDLINGSHAFFER, JR

Date: 2/24/12

Driver License Bureau P.O. Box 200 Jefferson City, MO 65105
Phone: (573) 751-4600

DEPARTMENT ACTIONS

Administrative Alcohol Suspension effective on 1-27-2012, ID# A0
Eligible to reinstate on 4-26-2012, Action is Active as of 1-27-2012
Offense occurred in Missouri on 11-06-2011 in Non-Commercial Vehicle
Case/Report ID is AD11020081, State Native Reason is AD01, ACD is A90
Ticket No. 110014351, BAC is .171

IN THE CIRCUIT COURT OF ST. LOUIS COUNTY,
STATE OF MISSOURI

James Redlingstafer,
Petitioner,

v.

DIRECTOR OF REVENUE,
Respondent.

Cause No. 12SL-AC1571

Request for Findings of Fact and Conclusions of Law

In the event this Court decides to rule against Respondent, Respondent requests findings of fact and conclusions of law pursuant to Rule 73.01(c) and § 510.310, RSMo, on:

- 1) What indicia of intoxication this Court did not believe existed that was alleged, and
- 2) The Courts reason for excluding the breath test result, if the breath test result was excluded.